

Figure 1

101

## ABC PRIMARY CARE CENTER, PSC



*"Where every patient is important"*

CONFIDENTIAL • SIGN-IN SHEET • PLEASE PRINT & PRESS HARD

117

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Sheet No. 12345

Name: \_\_\_\_\_

Are you a new patient (circle one)? Yes / No

ABC PRIMARY CARE CENTER, PSC

New Patients Welcome!



*"Where every patient is important"*

*Tell a Friend!!*

Address &amp; Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Has your address changed? \_\_\_\_\_

Phone changed? \_\_\_\_\_

Insurance changed? \_\_\_\_\_

Is your injury work related? \_\_\_\_\_

Is your injury accident related? \_\_\_\_\_

Doctor/Provider you wish to see: \_\_\_\_\_


Reason for Visit? \_\_\_\_\_

**NOTE: After completing Confidential Sign-In sheet give to the HealthCare Coordinator with your insurance card.**

Figure 2

110A 116 102 111

ABC PRIMARY CARE CENTER, PSC

  
"Where every patient is important"


CONFIDENTIAL • SIGN-IN SHEET • PLEASE PRINT & FILL HARD

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Sheet No. 12345

136A Name: \_\_\_\_\_ Are you a new patient (circle one)? Yes / No

ABC PRIMARY CARE CENTER, PSC New Patients

Welcome!

  
"Where every patient is important"  
Tell a Friend!!

Address & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Has your address changed? \_\_\_\_\_ Phone changed? \_\_\_\_\_ Insurance changed? \_\_\_\_\_

Is your injury work related? \_\_\_\_\_ Is your injury accident related? \_\_\_\_\_

Doctor/Provider you wish to see: \_\_\_\_\_ Reason for Visit? \_\_\_\_\_

NOTE: After completing Confidential Sign-In sheet and give to the HealthCare Coordinator with your insurance card.

Address & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Has your address changed? \_\_\_\_\_ Phone changed? \_\_\_\_\_ Insurance changed? \_\_\_\_\_

Is your injury work related? \_\_\_\_\_ Is your injury accident related? \_\_\_\_\_

Doctor/Provider you wish to see: \_\_\_\_\_ Reason for Visit? \_\_\_\_\_

NOTE: After completing Confidential Sign-In sheet and give to the HealthCare Coordinator with your insurance card.

Address & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Has your address changed? \_\_\_\_\_ Phone changed? \_\_\_\_\_ Insurance changed? \_\_\_\_\_

Is your injury work related? \_\_\_\_\_ Is your injury accident related? \_\_\_\_\_

Doctor/Provider you wish to see: \_\_\_\_\_ Reason for Visit? \_\_\_\_\_

NOTE: After completing Confidential Sign-In sheet and give to the HealthCare Coordinator with your insurance card.

110B 124 126 130 132 138B

116

Figure 3

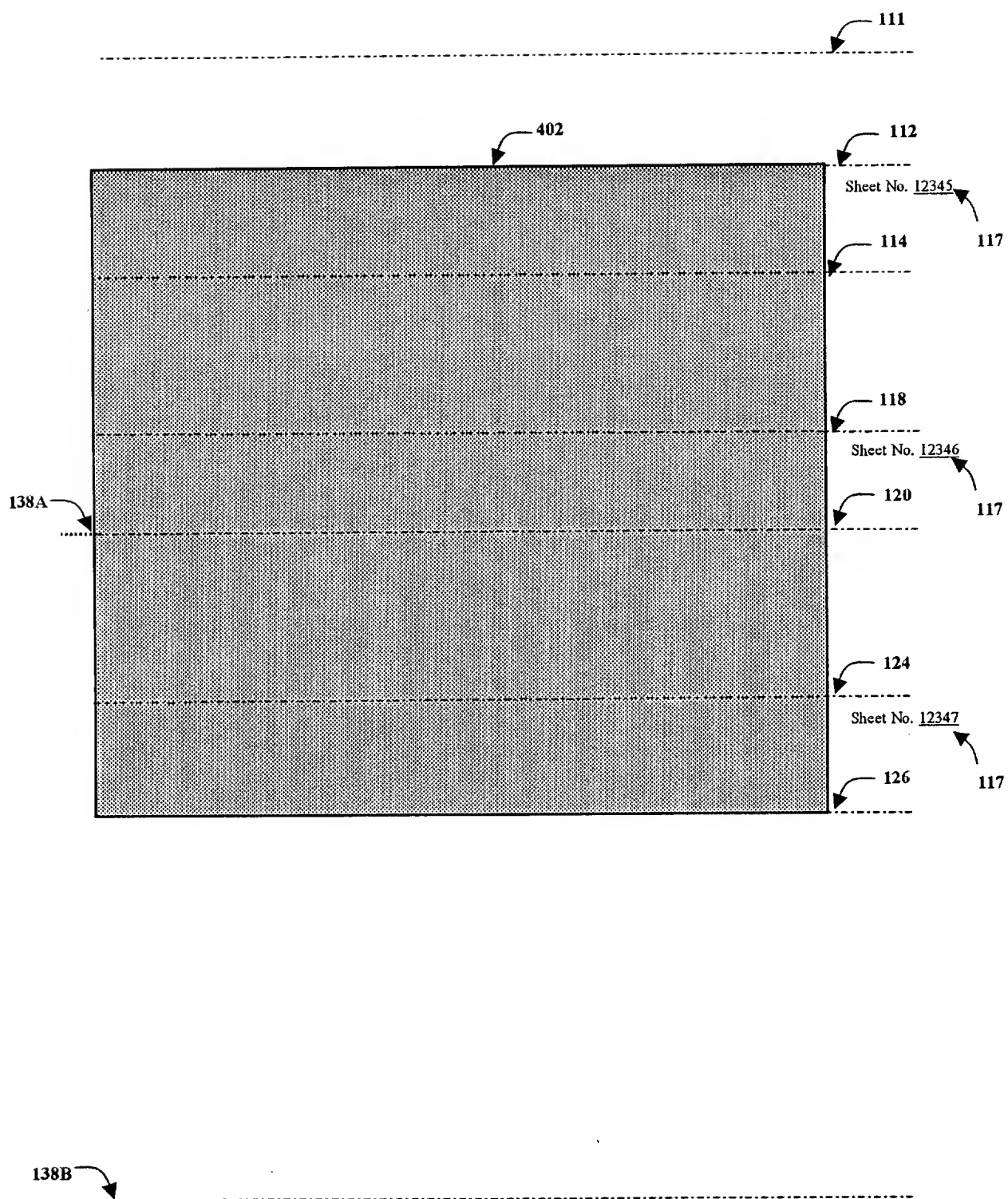


Figure 4

111

502

112

Sheet No. 12345

114

117

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Time: \_\_\_\_\_

Are you a new patient (circle one)? Yes / No

118

Sheet No. 12346

120

117

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Time: \_\_\_\_\_

Are you a new patient (circle one)? Yes / No

124

Sheet No. 12347

126

117

Date: \_\_\_\_\_

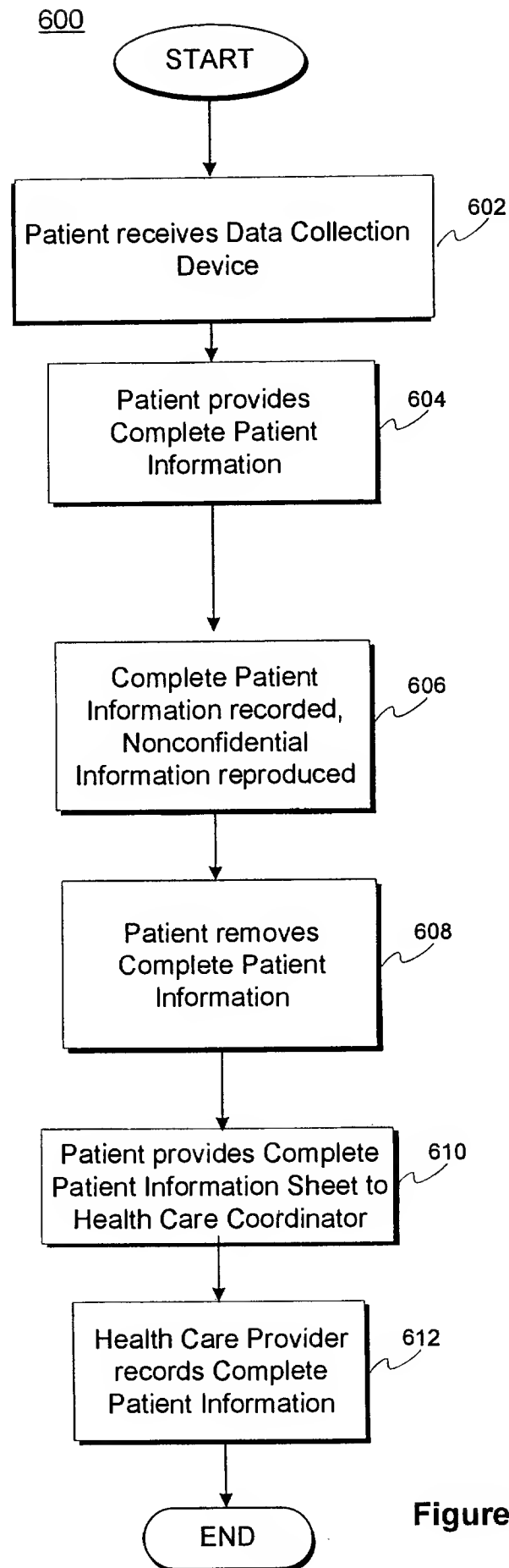
Name: \_\_\_\_\_

Time: \_\_\_\_\_

Are you a new patient (circle one)? Yes / No

138B

Figure 5



**Figure 6**

101

102

110A

110A'

112

112'

114

114'

402

706

704

126

ABC PRIMARY CARE CENTER

Date: 4/7/04

Name: John Doe

Address & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance? \_\_\_\_\_

Time: 4:17

Sheet No. 12345

Are you a new patient (circle one) Yes/No?

**NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator**

Time: \_\_\_\_\_

Sheet No. 12346

Are you a new patient (circle one)? Yes/No

ABC PRIMARY CARE CENTER

Address & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance? \_\_\_\_\_

**NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator**

Address & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance? \_\_\_\_\_

**NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator**

Figure 7

102

110A

112

402

114

118

810

120

814

706

704

707

126

ABC PRIMARY CARE CENTER

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Sheet No. 12346

Name : \_\_\_\_\_ Are you a new patient (circle one)? Yes/No

ABC PRIMARY CARE CENTER

Address & Zip Code: \_\_\_\_\_

Phone Number Insurance? \_\_\_\_\_

NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator

Address & Zip Code: \_\_\_\_\_

Phone Number Insurance? \_\_\_\_\_

NOTE: After completing the Confidential Sign in Sheet, Please give to the HealthCare Coordinator

**Figure 8**



111

502

Date: July 8, 2004

Name: John Public

Time: 4:17

Are you a new patient (circle one)? Yes / No

Sheet No. 12345

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Time: \_\_\_\_\_

Are you a new patient (circle one)? Yes / No

Sheet No. 12346

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Time: \_\_\_\_\_

Are you a new patient (circle one)? Yes / No

Sheet No. 12347

114

117

118

120

117

124

126

117

Figure 9